

NATIONAL MARINE SANCTUARY PROGRAM MODEL RELEASE FORM

DATE(S) OF PHOTO, FILMING, RECORDING, ETC.: _____

PHOTOGRAPHER/PRODUCER: _____

ASSIGNMENT: _____

LOCATION: _____

ACTIVITY: _____

INTENDED USE OF PRODUCT: Communication, outreach, and education products of the NOAA National Marine Sanctuary Program intended to promote an awareness and appreciation of the ocean environment.

RECEIPT RELEASE FOR MINORS

I, being Parent/Guardian of _____, hereby consent that her/his name, image, and likeness, as shown in the videotapes, photographs, motion picture film and/or electronic images for which she/he posed, and/or audio recordings made of her/his voice may be used by the National Marine Sanctuary Program, its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, electronic images, and the plates, tapes and/or software from which they are made shall be the property of the NOAA National Marine Sanctuary Program, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of _____,

on this day _____

NAME OF MINOR _____

SIGNATURE OF PARENT/GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (_____) _____ E-MAIL: _____

RECEIPT RELEASE FOR ADULTS

I, being of legal age, hereby consent, that my name, image, and likeness, as shown in the videotapes, photographs, motion picture film and/or electronic images in which I appear, and/or audio recording made of my voice may be used by the National Marine Sanctuary Program, its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, and electronic images and the plates, tapes and/or software from which they are made shall be the property of the NOAA National Marine Sanctuary Program, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of _____,

on this day _____

NAME (PRINT) _____

SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (_____) _____ E-MAIL ADDRESS: _____